

The
CALIFORNIA
HOMEOPATH
HINDERN LINDERN MINDERN

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SAN FRANCISCO.

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THE
CALIFORNIA HOMEOPATH.

Vol. X.

December, 1892.

No. 12.

Original Articles.

NATRUM PHOS. IN COLIC.

BY ALBERT WHEELER, M. D., SAN FRANCISCO, CAL.

At midnight, October 10th, of the present year, a gentleman was taken suddenly ill with a severe attack of colic in the umbilical region. The character of the pains was described as twisting, and shooting, increasing in frequency and severity, accompanied by frequent eructations and ineffectual desire for stool. At the same time he was afflicted with a constriction and oppression of the chest, the extremities became quite cold, and this coldness quickly extended all over the body; the pulse was reduced and thready, great prostration followed, the features became quite pinched, and great fear of death came over him, he was terror stricken and almost dumb. All this occurred in about two hours. I at once ordered hot water bags to feet and sides, gave him *nux vom.* *6x*, five minims in a teaspoonful of water, and at five minutes interval after, which was apparently well indicated, but without any relief, In fact it seemed only to increase the evil. It was clear the case was a desperate one and relief must soon come or my

patient would be beyond the reach of all human aid. I prescribed some *magnesia phos.* in a glass of hot water, immediately upon drinking it, a large quantity of viscid watery matter was ejected, with an acid taste and smell, after which perfect freedom from pain was experienced, for a short time only, when it returned with the most distressing nausea, and frequent turns of vomiting. I then prescribed *natrum phos.*, feeling quite sure I had the right remedy. In a few minutes or so he exclaimed: "My God! that is wonderful! I feel so much better." The nausea and vomiting was gone in five minutes afterwards, within twenty minutes the spasms were all gone, heat and strength were returning, pulse gained in force and fullness, and he soon fell into a profound sleep, which continued until 8 A. M., when he awoke, complaining only of weakness, and feeling quite sore about the abdomen. In conclusion, I conceive it my duty to say, that this patient has always been a faithful devotee of the dominant school, (?) he has thoroughly detested homœopathy, and done all he could to oppose it. After much persuasion and the utter helplessness of allopathic remedies, he at last consented to send for me. Yesterday he called to pay his bill, said he: "No matter from what source it comes, anything, which has for its object the mitigation of human suffering and the lessening of mortality, should be honestly and dispassionately tested." Henceforth he is a homœopath.

THLASPI BURSA PASTORIS. (Shepherd's Purse.)

Dr. J. Eckfelt (*Medical Standard*, Chicago) writes of this remedy, which has been at least partially proven by Homœopathists as being an active renal stimulant and tonic, with marked diuretic influences and haemostatic action; in fact, scarlatinal nephritis, and with success. In chronic diarrhoea with profuse mucous discharges, and in enteric hemorrhages, or in dysenteric attacks when hemorrhagic tendency is prominent. In renal hemorrhage; in pulmonary affections with oedema of mucous tract, hemoptysis. The happiest effects are had in uterine hemorrhages, where hypertrophied mucous

membrane exists, and in bleeding associated with uterine polypi, before or after removal. Excessive menstrual discharges are mitigated and approach to hemorrhagic condition, cured; and in many cases may be substituted for ergot in labor. (He does not tell us that it is chiefly indicated in plethoric individuals.—Writer.) Bleeding piles are often benefited. Frequent doses arrest epistaxis rapidly. In nervous cough can be highly recommended. As a gargle in pharyngitis, and a wash in leucorrhœa, has been of much avail. The writer's experience has been confined to use of Shepherd's Purse, in cases of hemorrhage of dark blood, accompanied by oedema of mucous membranes, and in full plethoric subjects, ordinarily suggesting Belladonna, but no dryness nor dilation of pupils.

TENICRUM.

Same writer calls attention to Wood-sage, and claims it to be anti-spasmodic, useful in nervous coughs, to relieve paroxysms of pertussis; hysterical conditions dependent upon reflex action from, or of, uterine nerves. In all low conditions of system, amenorrhœa and protracted menstruation. "Its principle power is in the treatment of enlargement of the prostate gland, and hemorrhoids." Has found the remedy rapidly efficacious in reducing the tension of the blood-vessels and size of the hypertrophied gland. In suppository the effect is more promptly induced, causing subsidence of the frequent *itching* so troublesome in hemorrhoids.

So you see they learn from our provings, and some of their suggestions may prove useful to ourselves as well; but to our school belongs the credit of proving upon the healthy, and thus their uses in diseases.

J. L. C.

VERTIGO.

BY WILLIAM BOERICKE, M. D., SAN FRANCISCO, CAL.

The word Vertigo comes from vertex or vortex, a whirlwind which is derived from verto, I turn. It is a sense of swimming of the head, or of undulating motion, or of falling or illusory movements of surrounding objects. The sensation is felt either

by the person within himself or external objects only seem to whirl or move. Both forms may occur separately or they may be combined.

This curious sensation is apt to occur whenever the circulation within the cranium is disturbed, and is connected with our space sensations.

Raue considers vertigo to be the feeling of an undue commotion of the blood within the sinuses and holds the arachnoid responsible for this state of affairs. This separate disharmonial motion affects the sensory nerves and is perceived by the sensorium, from which again, by reflex action, motor nerves are excited, hence the tottering, reeling, or grasping for something, or the falling down.

The arachnoid membrane, like all serous membranes, is a shut sac. Its functional action may be compared to a suction pump. When excited, it draws a greater amount of blood into the cranial cavity than when in a state of relaxation. It is thus one of the principal means by which the circulation in the brain is regulated. The more healthful its action, the more readily it will regulate the circulation and check any undue commotion, while during a relaxed state the slightest functional or mechanical cause may bring on perturbation, and this explains, according to Raue, why some persons do not feel dizzy from turning, etc.

Vertigo is generally defined as the consciousness of disturbance in equilibration. It implies a loss of proportion between the efforts to maintain the erect posture—whether real or imaginary. This generally depends on a conflict of impressions received. It seems that at least four senses—touch, sight, muscular sense and the sense of equilibrium, perhaps also that of hearing, all employed in maintaining the erect posture, and if one of these contradicts the others, inco-ordinated impulses may be sent out, from which giddiness follows. Thus a person feels giddy on looking over a precipice, for the sight of the void beneath contradicts his muscular sense and irregular efforts follow, producing giddiness.

Based mainly on etiology, we have various kinds of vertigo, the principal of which are the following:

OCULAR VERTIGO.—This is a form of Vertigo liable to be misinterpreted. It is due to weakness or a paretic condition of the ocular muscles, occurring especially in persons with some error of refraction of their eyes. Vertigo due to such causes ceases on closing eyes. This muscular insufficiency is often congenital, very often acquired, resulting from exhausting diseases, such as fevers, diphtheria, anemia. (The remedies to be remembered for this form are Caust., Gels., Euphras., Paris quad., Physostigma, Senega.)

AUDITORY or AURAL VERTIGO; also called Labyrinthine V. or Meniere's Disease. This is a form of vertigo associated with progressive deafness in one ear and noises. Sometimes with forced movements or even an utter inability to walk steadily. When the deafness is complete, the vertigo ceases. It is due to disease of and injury to the semi-circular canals of the ear, and causes a feeling of giddiness and a tendency to fall. Pallor, faintness, headache, nausea and vomiting, are also frequently associated with it. (China, Kalmia, Rosa, Natrum salicyl.)

GASTRIC VERTIGO.—This is the most common variety. Slight derangements of the stomach and liver account for most cases that come under our notice.

The vertiginous symptoms may so predominate and generally are so violent, that the gastric symptoms may not be complained of, but treatment directed against the dyspepsia cures the vertigo.

A form of this called by Trousseau (Vertigo a Stomacholaeso) of great suddenness and severity, may be recognized in certain cases where there is not much evidence of gastric disorder. Vertigo is most violent, rendering walking impossible, and is not prevented by closure of eyes. With this there may be associated the idea of a yawning abyss at the feet, but the patient can argue correctly as to these illusions. Persons who have had such attacks are liable to their repetition.

This condition is probably caused by a reflex excitation of the cerebral vessels from some visceral irritation.

Stomachic Vertigo is more a condition of middle life and old age than of youth. Occasionally found in young women. Taenia may be a cause. (Apomorph., Nux., Ars., Coccus, Tabac., Nat. mur., Phosp., Puls., Sep. Sulp.)

BILIOUS OR LITHÆMIC VERTIGO.—In hepatic torpor and from constipation, irritant substances may pass into the blood and thence to brain, causing attacks of vertigo, which are usually worse in the morning, often accompanied with nausea. The treatment is obvious, and it is in this form that the mere palliative treatment by mild purgatives often achieves immediate results. (Nux., Bryonia, Sulphur, Podophyl.)

Vertigo is often symptomatic of disease of the heart, brain, liver, kidneys, especially Bright's disease, loss of blood, profuse diarrhoea. A slight, temporary failure of the force of the heart's action may cause marked giddiness and the attacks may recur from time to time, causing much anxiety. A little stimulant relieves this form.

Vertigo from cerebral congestion, or in connection with an impending apoplectic attack, usually appears with pain in the head, sickness or nausea and other cerebral symptoms. Such vertigo may be rendered worse by a full meal, or by dyspeptic disorders, and still the cause is not in stomach. In a person over fifty, affected with vertigo, especially if somewhat persistent, though not violent, guard against apoplectic attack, particularly if numbness in one side or other indications of brain disease, are likewise present.

Iod. 3x, followed perhaps by sulphur, is an admirable remedy for these cases in old people, in which chronic cerebral congestion causes the giddiness, but little or no aching.

Vertigo is common on getting up for the first time after long confinement to the recumbent posture or on going out to the street. If at all persistent, *Calcar. phos.*, *China.*, *Ferr. cit et chin.*, will be the remedies. In influenza and mumps we find exceptionally a tendency to vertigo, and these are just the diseases where invasion of the eustachian tube is very common.

Vertigo is a marked symptom of some cases of insular sclerosis, accompanies Tabetic ataxy, is also found in gouty persons, and here may disappear after an outburst of gouty arthritis.

Violent attacks of coughing in weak persons may occasion severe attacks of vertigo. Patients who have been ailing a long time and those suffering from loss of appetite or dyspepsia are frequently subjects of vertigo, and may often be cured by

judicious dietetic management without medicine. Small quantities of good soup, at intervals of a few hours, and a glass of Burgundy or Port Wine daily, for a short time, may be ordered in such cases and will often cure the giddiness and restore the general health in a week or two.

EPILEPTIC VERTIGO—This may occur at the commencement of an attack, as a precursor, but I've seen it as in obstinate symptoms following an attack. It may coexist with epilepsy or may take the place of the fit. (Amyl nit., Bell., Coccul., Glon., Tarant, Lachesis, Hydrocy. ac.)

MIGRAINOUS VERTIGO.—Vertigo is a marked symptom of migraine. It occurs as a rule after the disorders of sight, and either attends or follows the development of the headache. It may replace the attack of megrim. It is not associated with noises in the ear or deafness, thus differing from aural vertigo. (Argent. nit., Gelsem., Zinc.)

NERVOUS VERTIGO.—Not uncommonly, vertigo is one of the most troublesome symptoms of nervous exhaustion and depression. This occurs in persons unduly taxing their nervous powers, by intellectual strain, especially when combined with anxiety or excess. Also, from the depressing effects of immoderate use of alcohol, tobacco and tea. Nervous excitement in many forms, anger, fear and the presence of unaccustomed surroundings give rise to it. Mere fancy and imagination may give rise to it. Having experienced the feeling of giddiness on one or two occasions, patients often fancy it is continually coming on. In some nervous subjects there occurs a sudden giving away of the legs. The symptom is noted in exophthalmic goitre. It is a stumbling vertigo.

Vertigo, arising from overwork of brain, when at all persistent must make us fear that the organ has begun to soften. In many instances the giddiness is the only symptom of disorder and is present for many years, the patient enjoying otherwise, excellent health.

DIAGNOSIS.—It should be determined whether the affection is subjective or objective, paroxysmal or chronic, accompanied with ear symptoms, nausea, noises, loss of consciousness, etc.

In elderly persons the arteries should be examined. Dyspepsia is by far the most likely cause. Tremor and especially optic neuritis are almost conclusive of brain disease.

The prognosis depends on the cause. Vertigo from organic disease and epilepsy is most serious; other forms more susceptible of relief.

TREATMENT.—besides the remedies already mentioned, do not forget

Digitalis for vertigo from cardiac origin, giving deficient blood supply to brain. In such cases we shall have some palpitation and breathlessness, feeble pulse and a tendency to syncope. For these conditions *Dig.* is our grand remedy. The disappearance of the vertigo is generally the earliest sign of the toning influence exerted by the drug on the muscular tissue of the heart.

China. Vertigo from debility, losses of fluids, &c., heaviness and throbbing of head, ringing in ears.

Phosphor. displays great curative powers in every imaginable case of vertigo, more especially in nervous vertigo. When caused by nervous debility, sexual abuse, haemorrhoids, vertigo occurring in morning with an empty stomach, with fainting or trembling.

Coccus. Vertigo worse on motion, noise, smoking, coffee, sitting-up, hands and feet go to sleep, difficult speech, distension of abdomen.

Silica vertigo from severe physical or mental labor, reading, writing, sewing. Vertigo during sleep or when rising.

Arg. nit. Dr. Guernsey speaks of a giddiness on the least mental or physical exertion as under the control of *arg. nit.* Pat thinks the houses will fall on him when walking on the street. Sensation of expansion when looking up. *Debility of limbs and trembling;* drowsiness:

Pulsat. Vertigo from rising from a chair—with chilliness; worse talking and meditating. Vertigo followed by vomiting, worse in the evening.

Bellad. Vertigo caused by rush of blood to head with heat and redness of face, buzzing in ears, dimness of vision, loss of

consciousness, Vertigo with tendency to fall backward or to left side, worse in warm room, better in open air.

Verat. Vertigo from flatulent pressure on solar plexus—cold perspiration on forehead—headache from temples to forehead, worse on stooping, better bending head backwards and *pressing* on head.

Colleges and Hospitals.

WORLD'S CONGRESS NOTES.

Chicago, October 17th, 1892.

As some of the profession may not fully understand the authority of the Congress, the following extracts from public documents will make the matter plain,

"DEPARTMENT OF STATE, Washington, May 23rd, 1892.

One of the accompaniments with the President's invitation to the several foreign governments, issued in accordance with the act approved April 25th, 1890, was the "World's Congress Auxiliary to the World's Columbian Exposition." The purpose of its organization was fully stated, and among them it was proposed that a series of World's Congresses, to promote the objects in view was to be held in connection with the World's Columbian Exposition in 1893.

The World's Congress Auxiliary, it added has been duly authorized and organized to promote the holding and success of such Congresses. I observe, in conclusion, that a representative of the World's Congress Auxiliary, a few days ago, called at the Department to learn whether it would be possible to send their pamphlets to all foreign governments, with a suitable instruction to our Minister to present them to the Governments to which they were respectively accredited, as supplementary to the original invitation. Assurance was given that the Department would gladly do so upon the receipt of a formal written request to that effect. JAMES G. BLAINE.

Hon. John Sherman, Chairman Committee on Foreign Relations, United States Senate."

*The Official Invitation to Foreign Governments to appoint
Delegates to all or any of the World's Fair Con-
gresses to be held at Chicago in 1893.*

[CIRCULAR.]

"DEPARTMENT OF STATE,"

Washington, June 13th, 1892.

"To the Diplomatic and Consular Officers of the United States.

Gentlemen:—"The Department is in receipt of a letter from Mr. Chas. C. Bonney, President of the World's Congress Auxiliary, dated Chicago, the third inst. It states that in pursuance of the course indicated in the original announcement of the World's Congress Auxiliary, which was transmitted with the Act of Congress, approved April 25th, 1890, and the President's Invitation of January 14th, 1891, extending to all Foreign Governments a cordial Invitation to participate in the World's Columbian Exposition to be held in Chicago, in 1893, the work of the World's Congress Auxiliary has been organized.

"It is particularly requested that a convenient number of the most eminent representatives of the various departments of human progress be selected as delegates to attend the respective Congress. On receipt of the names of such delegates suitable communications will be promptly forwarded to them."

"I am, Gentlemen, your obedient servant,

"WILLIAM F. WHARTON, Acting Secretary.

Under this authority, Hon. C. C. Bonney, President of the World's Congress Auxiliary, appointed J. S. Mitchell, M. D., Chairman; R. Ludlam, M. D., Vice-Chairman, Committee on a Congress of Homœopathic Physicians and Surgeons.

Julia Holmes Smith, M. D., Chairman; Elizabeth McCracken, M. D., Vice-Chairman Women's Committee on a Congress of Homœopathic Physicians and Surgeons.

P. C. Majumdar, L. M. S., of Calcutta, India, Editor of the "*Indian Homœopathic Review*," who wrote the history of Homœopathy in India for the Atlantic City Congress will personally attend the Chicago Congress, and hopes to be able to give "a very cheerful account of the progress and advancement of Homœopathy in India."

Dr. E. T. Adams, a prominent member of our school, at Toronto, Canada, will attend the Congress and is taking an active interest in its success.

B. N. Bouerjee, who also sent a very interesting account of Homœopathy in India to the last Congress—writes that he will be present at the World's Congress, at Chicago. Both Dr. Majumdar and Dr. Bouerjee are good English scholars and will add greatly to the interest of the Sessions.

Engagements for rooms at the hotel already made, indicate that the profession will be well represented at the Congress. Rooms will be furnished during the week of the Congress at regular rates. Address—Great Northern Hotel, Chicago, Illinois.

ADDRESSES.—The Homœopathic School and Public Health, R. Ludlam, M. D., Chicago; Historic Development of Homœopathy in Germany, A. Von Villers, M. D., Germany; The Further Improvement of our *Materia Medica*, Richard Hughes, M. D., England; Homœopathy and Prophylaxis, P. Jousset, M. D., Paris; The Value of Specialties in Medicine, F. Park Lewis, M. D., New York; Bacteriology, A. Haupt, M. D., Germany; The Value of Efforts to Enlighten the Public on Homœopathy, A. C. Pope, M. D., England; The Relation of Adjuvants to Therapeutics, J. D. Buck, M. D., Cincinnati; Medical Education in the Homœopathic Colleges and Hospitals of the United States, I. T. Talbot, M. D., Boston; The Future of Homœopathy, J. P. Dake, M. D., Nashville; The Selection of the Homœopathic Remedy, T. F. Allen, M. D., New York; The Development of Medical Science through Homœopathy, Martha A. Canfield, M. D., Cleveland; Minneapolis Homœopathic Magazine, Henry C. Aldrich, M. D., Minneapolis.

SECTIONS.—Gynecology, O. S. Runnels, Chairman, Indianapolis; *Materia Medica*, A. C. Cowperthwait, Chairman, Chicago; Clinical Medicine, Chas. Catchell, Chairman, Ann Arbor; Obstetrics, T. G. Comstock, Chairman, St. Louis; Surgery, H. C. Van Lennep, Chairman, Philadelphia; Ophthalmology and Otology, A. B. Norton, Chairman, New York; Pædology, Emily V. Pardee, Chairman, Hartford; Mental and Nervous Diseases, Selden H. Talcott, Chairman, New York; Laryngology and Rhinology, H. F. Ivins, Chairman, Philadelphia.

ALUMNI ASSOCIATION.

The fifth regular meeting of the Alumni Association of the Hahnemann Hospital College of San Francisco, was held on December 5th, 1892, at Dr. Amy G. Bowen's office, 834 Sutter street, Dr. Amy G. Bowen, Chairman of the Executive Committee, in the chair. Members present: Bowen, Guild, Button, Lynch, Townsend and Damkroeger.

Minutes of the last regular meeting, held on October 30th, 1889, read and approved; as were also the minutes of one special meeting and two meetings of the Executive Committee.

Drs. Waterhouse, Martin, Jaffa, Detrick, Bowen, Jr., Swallow, Finch, Dawson, Atkins, Auker and Nevins were elected to membership.

A motion was made and carried that the Society meet every three months.

Dr. Atkins kindly offered the Society the use of his office for the next meeting, to be held on March 13th, 1893, and Drs. Button and Guild, of Oakland, kindly offered their offices for the next following meeting. Both offers were accepted.

The following named were elected officers for the ensuing term: President, Dr. Amy G. Bowen; Vice-President, Dr. Guild; Treasurer, Dr. E. F. Martin; Secretary, Dr. M. H. Atkins. Members of the Executive Committee—Waterhouse: Button, Finch and Auker.

A motion was made and carried that the Executive Committee supply refreshments at the next meeting, and otherwise make the meeting interesting.

Adjournment.

HENRY DAMKROEGER,
Secretary Executive Committee.

All alumni of the Hahnemann Hospital College not members of the Association are urgently requested to join.

All communications are to be forwarded to the Secretary, Dr. M. H. Atkins, 608 Geary street, San Francisco.

MEETING NOTICE.—The next regular meeting of the Association will be held on March 13th, 1893, at Dr. Atkin's office, 608 Geary street.

Editorial Notes.

WITH this number, THE CALIFORNIA HOMŒOPATH closes its tenth volume. Since its inception, when homœopathic practitioners on this western coast were comparatively few, and these mainly around San Francisco bay, great changes have taken place. Everything pertaining to Homœopathy on this Coast has had a wonderful development and growth. To-day we number over four hundred in the States of California, Oregon and Washington; our college has never been in a more prosperous condition so far as patronage is concerned; our dispensaries increasing in number and extent of work; our influence in the community is felt, and recognition of our claims for representation in some of the public institutions is so pronounced that soon the unjust discrimination against us will be a thing of the past. We are aware that THE CALIFORNIA HOMŒOPATH alone has not kept pace with this general growth of homœopathy, and it gives us pleasure to announce that with the new volume a distinct step in advance will be taken. It will be the endeavor of the publishers to give to the homœopathic profession a journal adequately representing Pacific Coast homœopathy, a journal not merely Californian, as hitherto, but one with scope wide enough to take in our whole territory. It seems advisable, therefore, as indicating its larger sphere, to change the name with the beginning of the new volume to that of "*The Pacific Coast Journal of Homœopathy*." The new journal will be enlarged, and various other important changes, editorial and otherwise, will be introduced—all calculated to place *The Pacific Coast Journal of Homœopathy* in the front rank of medical publications.

WITH the present number, Dr. W. A. Dewey retires from the business management of the journal, and this is assumed by the publishers, Messrs. Boericke & Runyon. All subscriptions, advertisements, and business communications should be sent to them.

THE Ninth Annual Commencement Exercises of the Hahnemann Hospital College of San Francisco, took place on Thursday evening, December 1, 1892, at Odd Fellows' Hall. An excellent order of exercises had been prepared by the Committee, and a large and fashionable audience favored the College and students with its presence. The musical part of the entertainment was very enjoyable and the addresses, especially that of Professor Martin, interesting and appropriate.

The following graduates received the Degree of the College: Ibnisina C. Anker, San Francisco; Joseph G. Crawford, San Francisco; Joseph D., M. D., Vallejo; Elise McC. Detrick, San Francisco; Arthur A. Finch, San Francisco; Eleanor F. Martin, San Francisco; Mary A. Morgan, San Rafael; Rev. Robert Swallow, Ningpo, China.

Personals.

DR. SIMPSON, of San José, gave us a call recently.

DR. CLARKE, of Arroyo Grande, also paid us a visit last month.

DR. E. V. VAN NORMAN, of San Jose; DR. J. T. MARTIN, of Woodland; and DR. J. M. SELFRIDGE, of Oakland, were in town a few days ago.

DR. E. M. P. LUDLAM, for many years a practicing physician in the city of Chicago, has recently located in Oakland, Cal. The doctor has our best wishes in his new field.

DR. M. W. HILL, of Redlands, Cal., says there is no section of the State so beneficial to asthmatics as the upper part of San Bernardino county. The doctor has been located in Redlands about four years and is doing a good practice.

A SUCCESSOR to a homœopathic practice amounting to \$3,500 in the past year is wanted in the town of Sonora, Cal. The party practicing there will probably leave the city. Further information can be had by addressing the publishers of this journal.

AMONG the personal notices in the September issue, mention was made that there was no dispensary on the North Beach of this city. This is a mistake, DR. D. ALBERT HILLER, is conducting such an institution at No. 220 Montgomery Avenue.

DR. A. P. WILLIAMSON, has resigned the Superintendency of the Minnesota Homœopathic Insane Asylum, and located in Minneapolis, where he attends to mental diseases exclusively.

DR. H. N. CROSS, of Stockton, has moved into elegant offices in the new Yosemite Block. The doctor has given particular attention to surgery, and this, together with his versatile knowledge of microscopy, ought to insure him a large practice.

OUR co-laborer, DR. WM. A. DEWEY, left the last of November for his home in Vermont, on account of the death of his father. The doctor will return for a season by January 1st, but will probably locate permanently in New York city later on.

DR. JOHNSON, of the firm of Drs. Johnson & Stiles of San Bernardino, Cal., is quite clever with the use of the telegraph. He has an instrument in his office connected with his home, and can hold communication with members of his family, thereby making himself quite independent of the telephone monopoly.

WE have heard a good many comments on the delightful poem by DR. WM. TOD HELMUTH, which appeared in our November number. We are indebted to our friend DR. J. N. ECKEL, of this city for the original manuscript. We hope the doctor will soon furnish us another article of similar nature.

IN the last number of THE CALIFORNIA HOMŒOPATH appeared among "Selections," DR. HALE's admirably practical article on constipation taken from our esteemed cotemporary *The Medical Era*. We neglected to credit the source simply from oversight, and are glad to express now our indebtedness to both the author and *Era*.

WE frequently have an inquiry, "where is a good location for a homœopathic physician." We would suggest Hollister or Salinas. There is no homœopathic physician in that section, and to the right sort of a man who has perseverance and nerve a good practice could be built up. The locality however, is no place for a physician who is not willing to work hard and with patience.

The attendance at the recent base ball match between Harvard & Yale of this city, was quite a success. The Hahnemann Hospital shared in the benefit. This together with a recent benefit at the Grand Opera House ought to encourage the ladies who have this noble undertaking in charge, to continue on in their good work. San Francisco certainly should have one of the finest Homœopathic Hospitals in the United States, and it will have one if the physicians of this State will do all in their power to encourage such good work as these ladies are doing.

Book Reviews.

Tuberculosis of Bones and Joints. By N. SENN, M. D., Ph. D., Professor of Practice of Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon Presbyterian Hospital; Surgeon-in-Chief St. John's Hospital; President of the American Surgical Association; President of the Association of Military Surgeons of the National Guard of the United States; Permanent Member of the German Congress of Surgeons, etc. Illustrated with 107 engravings (seven of them colored). In one handsome royal octavo volume. 520 pages. Extra cloth, \$4.00 net; Sheep, \$5.00 net; Half-Russia, \$5.00 net. Philadelphia: The F. A. Davis Co.

In this volume the author presents the modern ideas on tubercular disease of bones and joints, as he was able to collect them from recent literature and add thereto his own large experience. A full discussion of the Bacillus tuberculosis and results of the employment of tuberculin injections in certain cases are given and form interesting reading. The volume is of especial value to surgeons; but cannot fail to interest the general practitioner, since much depends on the early diagnosis of these affections. It is fully illustrated and published in Davis & Co.'s best art. We cordially recommend it to all our readers.

Text Book of Nervous Diseases, being a Compendium for the Use of Students and Practitioners of Medicines. By CHARLES L. DANA, A. M., M. D., with 210 Illustrations. New York: Wm. Wood & Co., 1892.

A very attractively gotten up volume, one inviting to study and reading. It presents the science of neurology both in a concise and yet complete form by one whose training as a teacher and original investigator make him specially adapted for preparing such a compendium. For the physician in general practice, we know of no single volume on Nervous Diseases that gives him the necessary information so clearly, concisely, correctly and helpfully as this and we therefore take pleasure in recommending it to our readers. Homœopathists can supplement this work with Hart's Therapeutics of the Nervous System and thus possess the latest and best on the subject in both schools of medicine.

All Around The Year 1893. Entirely new design in colors by J. PAULINE SUNTER. Printed on heavy cardboard, gilt edges, with chain, tassels, and ring. Size, $4\frac{1}{4} \times 5\frac{1}{2}$ inches. Boxed. Boston: Lee & Shepard.

The "All Around The Year" calendar which Mrs. Sunter sends out this year, is as charming a piece of work as anything she has done. Like its predecessors, it is printed on heavy cardboard, gilt edged, with chain, tassels and ring, and is of convenient size. The designs are fresh and delightful, quaint and picturesque little lads and lassies issuing in each month with just the right words, and in the most charming attitudes, while the lines on

the cards combine to form a very pleasing love story. Done in several colors, one can scarcely imagine anything more graceful than the twelve cards, each bearing the dainty design which includes the month's calendar as a part of the picture. The cover shows a pretty little Miss watching a Cupid "warming his pretty little toes" at an open fireplace, while on the last page this same Cupid (or his fellow) is playing sweetly, "Good-bye, my Lover, Good-bye."

Childhood.—A monthly magazine of all that concerns the welfare of the Child. George W. Winterburn, Phar. D., M. D., Editor; Florence Hull, Associate. New York: A. L. Chatterton & Company, 78 Maiden Lane. One Dollar Year; Ten Cents a Number.

"Childhood" is a high-class monthly magazine, the first number of which has just appeared. It is edited by Dr. George William Winterburn, and covers a field not hitherto occupied. It is addressed to parents, teachers, and all who are interested in the welfare of children, and will endeavor to inculcate the most advanced ideas in regard to the moral, intellectual and physical development of children. Men and women well known in literature, prominent teachers, physiologists and biologists have been engaged to write for it, and the editor will spare no effort to make the magazine interesting, ennobling and instructive. In order to bring it within the reach of all it is put at the small price of ten cents a copy.

A Pocket Medical Dictionary, giving their pronunciation and definition of about 12,000 of the principal words used in medicine and the collateral sciences. By GEO. M. GOULD, M. D. Philadelphia: P. Blakiston, Son & Co., 1892.

A few years ago we welcomed Dr. Gould's new Medical Dictionary. It proved a great success. The present small attractive book is based upon this excellent work. It has been prepared upon the same practical, systematic plan as the larger book, and like it is based upon the most recent medical literature. Very complete tables of the arteries, muscles, nerves, bacteria, bacilli, micrococci, spirilli and thermometric scales and a dose list of drugs and their preparations, in both the English (thank heaven) and metric systems of weights and measures. Its form and size are very practical. Rather smaller than a visiting list, and flexible; it can be slipped into the pocket very readily. We cordially recommend this little Dictionary to every student of medicine.

Diseases of the Lungs, Heart, and Kidneys. By N. S. DAVIS, JR., A. M., M. D., Professor of Principles and Practice of Medicine, Chicago Medical College. No. 14 in the Physicians' and Students' Ready-Reference Series. In one neat 12mo volume of 359 pages, extra cloth, \$1.25 net. Philadelphia: The F. A. Davis Co. 1892.

The justly popular Physicians' and Students' Ready Reference Series, published by the enterprising F. A. Davis Co., has received another addition, and one quite important, treating as it does on diseases of the Lungs, Heart and Kidneys. Any one desiring a concise compendium on this subject, with

especial, full treatment of the modern therapeutics, exclusive, of course, of Homœopathic treatment, can do no better than procure this practical little volume. By adding thereto the indications found in any of our special Homœopathic treatises, the student will have all that will be required of him on these subjects.

The Cosmopolitan.—This most popular of monthly illustrated magazines appears in its December number even more attractively than ever. Sir Edwin Arnold contributes a very entertaining article on Japanese Watering Places. The same number contains seven portraits of Tennyson and interesting views of his late home and surroundings. A feature of this number is twenty-four portraits of Parisian journalists with sketches of their work. The *Cosmopolitan* will mark its first edition of 150,000 copies—that for January—by the offer of 1000 free scholarships. In return for introducing the *Cosmopolitan* into certain neighborhoods the *Cosmopolitan* offers to any young man or woman free tuition, board, lodging and laundry at Yale, Vassar, Harvard, or any of the leading colleges, schools of art, music, medicine, or science. They send out a pamphlet on application telling how to obtain one of these free scholarships.

Christmas Number of Table Talk.—The merry season is at hand; the season of peace and good-will toward everybody and everything—except the turkey. Poor fellow! His fate is hard, and yet ought to feel flattered. The eyes of the whole Nation are on him, and for the time even her great American eagle is forced to take a back seat in her talk and affections, while turkey and cranberry sauce are the only emblems to stir her heart and warm up her patriotism. Well, we are not disposed to wonder at it. We have a good many highly prized American institutions, among which a tender, properly cooked turkey is not the least important. It isn't our business, however, to place such delights within the reader's reach; the Christmas number of *Table Talk* will do that, together with numerous other things which at this jolly season of the year you are probably not inclined to do without. The magazine is published monthly by Table Talk Publishing Company, 1113 Chestnut street, Philadelphia, \$1.00 a year, single copies 10 cents.

Annual Report of the Homœopathic Hospital, Melbourne, 1892.

This is the 24th Annual Report and shows a most satisfactory state of prosperity. The Dispensary was founded in 1869. It was opened as a Hospital in 1879, and incorporated in 1877. The total number of cases treated to June 30th, 1892, was 38,996.

Bulletin of the Harvard Medical School Association. No. 3. Report of the second annual meeting, held in Boston, June 29th, 1892. Boston: Published by the Association, 1892.

The Sides of the Body and Kindred Remedies by C. von BOENNINGHAUSEN. Translated for *The Homœopathic Physician*, and issued as a supplement to Vol. XII, by Dr. J. D. Tyrrell. Toronto and Philadelphia.

A classical brochure of inestimable value to every true Homœopath.

Clinical Items.

KALI SULPH. IN MEMBRANEOUS CONJUNCTIVITIS.

This remedy has lately given me more satisfactory results in three or four cases of ophthalmia neonatorum characterized by a closely adherent membrane on the palpebral conjunctiva and a thin, yellowish or sanious discharge. I give two of the cases, the notes of the others were, unfortunately, not preserved.

Baby G., male æt. nine days, began with snuffles and watery discharge from the eye, which had become thin, then thick yellow, and finally, sanious, with membranes on the palpebral conjunctiva. After failure with other remedies *kali. sulph.* iii trit. cured promptly.

Baby F., male, æt. fourteen days. Eyes suddenly discharged yellowish pus. Brushed with nitrate of silver solution, gave *arg. nitr.* 3. Next day worse and membranous, with much swelling of the lids. *Brom.* 3 internally and H. O. locally did no good, neither did *comp. tinc. iod.* internally. *Apis* mitigated the swelling, but the discharge became viscid; *kali. bich.* made it more watery, and under *kali sulph.* iii trit. all the symptoms improved rapidly, with vision unimpaired.—*J. L. M.*
North American Journal of Homœopathy.

Lauroscerasus in tincture, for severe uterine hemorrhage with extreme prostration, near the climacteria. Nightly tearing in vertex with stupor. Menses too early, too profuse, thin.—
Arndt.

Magnolia grandiflora has benefited climacteric patients who complained of mental and physical inability, lassitude of mind and body, leading to despondency, confusion, apprehension and dulness of hearing: *Dr. Betts, Hahnemann Monthly.*

Veratrum alb.—Despondency at the climacteric; cold sweats even in a warm room; complains of being bathed in a cold sweat; very nervous; feels as though she must almost fly. Is very much constipated and depressed. *Hahnemann Monthly*

Kali brom. 3x.—Apoplectic attacks whether with or without convulsions, whether uraemic or otherwise. Give it in water at short intervals, until consciousness begins to return
—J. C. Morgan.

Senecia affects the urinary organs producing tenesmus of the bladder with heat and urging. Frequent, copious flow, pain in loins and bloody urine—Renal dropsy, chronic inflammation of bladder.

Cancer fluviatilis is an excellent remedy for chronic nettle-rash; use the 3rd or 6th potency night and morning.

Selections.

CLIMATE OF NAPA VALLEY, CALIFORNIA.

[Read before the American Health Resort Association, June, 1892.]

DR. T. C. DUNCAN.—*Dear Sir:* I have read with interest your report (in the May number of the *Visitor*) of your tour of investigation, in looking up localities for those suffering from pulmonary diseases. I regret that you could not have spent some time in this part of the State. I wish to report more particularly at this time of Napa County, as being very desirable for any form of lung disease.

Geographically, Napa County must be a natural locality as it has one of the most beautiful valleys in the State, with mountains on either side of the valley, abundant springs of pure water and noted mineral springs. Such is the formation of the mountains, the altitude (temperature the year round being mild) an invalid can exercise in the open air every day, without suffering any inconvenience. I wish to give you Dr. L. F. Dazier's report of Napa City, formerly a physician at the Napa Asylum. The following report was written for the Gift Pamphlet. Mr. Gift made a very correct statement on the climatology of California and especially of Napa County,

as being superior for pulmonary diseases. Dr. Dazier says: "We are prepared to say to those unfortunate persons suffering with serious pulmonary disease and whose cases are not too far gone, beyond relief or recovery, that there is abundant reason for hope; nature furnishes, ready prepared, the three elements of cure, viz: altitude, dryness of soil and atmosphere, and moderation of temperature, and it is my opinion, and I might add, the opinion of many others of ripe judgment, that nowhere on earth can these three prime elements be found in more perfect combination than in California, and in no other locality in the State do they harmonize more perfectly, if, indeed, so well as in the upper part of Napa Valley and especially the mountain ridges, skirting its sides." Many of the physicians of Napa City and Valley went there as invalids, some who had suffered from serious hemorrhages, and recovered. There are many old physicians who can bear testimony to the curative effects of the climate in pulmonary diseases. Mr. Gift, in his pamphlet, who wrote from experience and investigation, reports cases of thirty years suffering from asthma, cured; his own little daughter had serious abscesses of the lungs, realized a cure at an altitude of fifteen hundred feet. Some of these localities in the mountains are called the asthmatic's paradise.

The properties which help to make up an atmosphere that bring relief to any form of lung disease must be largely ozone. Physicians generally consider the eastern side of the mountains more favorable and there is a very good reason why. If any fog, it is dispelled sooner by the rays of the sun, as it comes earlier in the morning, the sunshine is longer, the air must be dry sooner, all of which is necessary to an invalid. The sides of the mountains are occupied, in this valley, mostly by those seeking a location for relief from lung diseases. Some in the advanced stage of pulmonary disease had found relief in a short time, and enjoyed very comfortable health for years, in many cases realized recovery. The formation of the mountains, with the vivifying rays of the sun upon these rock formations, combined with the soil, pure water and altitude, must have the effect to charge the temperature, making it more conducive in bringing relief to irritated and diseased tis-

sues; the altitude and atmosphere relieves the respiration, and also soothes the cough, thus the tissues relieved from a constant irritation have a chance to heal. All the persons whom I have seen that were suffering from pulmonary disease, have expressed themselves as being so much relieved in their respiration, "could breathe without effort." During the session of our State Legislature in 1880, the Senate concurred and adopted Resolution No. 25, to appoint a committee of three members of the State Board of Health to be designated by the Governor of the State, to consider the subject of a State Sanitarium for consumptives and to determine a suitable location. The members of the board appointed were Drs. H. Gibbons, Sr., M. M. Granis and H. W. Hatch; the locations especially examined were Atlas Peak, Verder Mountain, Howel Mountain, Pope Valley, near Etna Springs and Troutdale, all in Napa County, Lakeport in Lake County, the Sierra Madre Range in Los Angeles County, Ojai Valley in Ventura County, San Diego and vicinity, Santa Barbara, etc. Atlas Peak, situated on the ridge of the Coast Range mountains, east of Napa Valley, has for years attracted considerable attention on account of equability of temperature, its freedom from fogs or harsh winds, and the dryness of its atmosphere. The elevation is about 1500 feet at Mr. Evans' place, 2300 feet on the Peak. I understand its mean winter temperature is 74° and its annual relative humidity only 45 per cent, or 51 in winter and 39 in summer and never sultry. The climate of this ridge is remarkable for its healthfulness, no malarial diseases are known there. The soil is equal to any in the valley, well suited to the cultivation of grain, fruits and vegetables. The atmosphere, though sometimes warm in the middle of the day, is never oppressive; the evenings are agreeably cool and invigorating: the winters are mild and excellent for camp-life and out-door exercise at all seasons of the year. The scenery is beautiful, the natural location, with abundant springs of pure water, some possessing mineral properties. The mountains are beautiful, the native trees, pine, live oaks, madrone, menzaneta and many other varieties, are always green.

Taking into consideration all the facts presented and inves-

tigated. the Committee felt justified in awarding a preference to Atlas in Peak, Napa County. Mr. Evans, then, as now, owning the property, went there as an invalid many years ago and recovered his health entirely. Has kept boarders and for a time both summer and winter ; he can give many testimonials of remarkable cures from lung diseases, many cases of asthma were soon relieved and recovered. Among the number of persons who have been at the Evans' place, some were from Cincinnati, from New Hampshire, and other places in the East, and all have expressed themselves as being more relieved there than at any locality they had visited ; lawyers and those who were overworked, mentally and physically, have said they recuperated there in half the time they could in any other locality.

You naturally will inquire why the Commissioners appointed did not complete the object of their investigation. I have been told the session was too near its close to consider and vote upon their report. Our State Legislature convenes every two years and before the time arrived for the next session two of that Board of Commissioners died and there has seemed to have been a lack of energetic effort to push the project. A live, energetic physician could establish a desirable private institution at Atlas Peak, one that would pay financially and be a boon to invalids, a positive need in this part of the state, where those suffering and who come as strangers to a strange land, need the attention of a good physician and all the comforts of an invalid's home.

I have written a long article, but could not write much less and give a clear and true report.

Fraternally and Sincerely yours.

DR. WILSON STOCKHAM.

Oakland, Cal., June 24th, 1892.

Poisoning by Phenacetine.

About two months ago, on a Sunday afternoon, Mrs. N. suffered from a severe, nervous headache. She sent to a drug-store near by for a few doses of *Phenacetine*. An allopathic physician had prescribed the remedy for her previously and

she had taken a few doses of the drug at different times. However, on this occasion it affected her in a peculiar manner. I was called in a hurry and found her in the following condition about two hours after she took the drug. Great dyspnœa; severe vomiting and distressing nausea; pulse rapid, weak and irregular; constant moving of the lower extremities; kicking the bed-clothes all the time; gasping for breath; numbness and tingling in upper extremities; tension and drawing of the constrictor muscles around the mouth. Asked several times whether she was going to die; felt so queer and sick, so very sick. Listening to the heart's action I apprehended that paralysis of that organ might ensue. I viewed the case hurriedly, had no time to go deliberately to work, but had to do something at once. I ordered water and sugar. Put about thirty drops of Camphor, saturated tincture, on a teaspoonful of sugar, dissolved it in half a glass of water and commenced giving teaspoonful doses in rapid succession, a few minutes apart. After about six doses slight improvement commenced and *Camphor* was given at ten minute intervals. After another hour and a half the *Camphor* was discontinued, and as her condition at that time was a good picture of *Gelsemium*, I left her that remedy, 3x potency, twenty drops in half a glass of water, to take two teaspoonfuls of it every hour as long as awake. When I called the next morning she was all right, only felt weak. I continued *Gelsemium* all day and that was the end of the treatment. This was a clear case of poisoning by *Phenacetine*. Moral: "Tis an ill wind that blows nobody good." I had the good and the lady had the experience. A study of these pain-killers and nerve sedatives is required that in cases of emergency we may know how to antidote them.

Bryonia.

As a comparative novelty in therapeutics, "The Hospital" (June 4th, 1892) introduces bryonia to the notice of its readers. "As a medical agent it is," says the editor, "but little used in Europe." He then proceeds to enlighten the minds of medical men by an account of the botanical method

of preparing tincture, and of some of its physiological properties, his facts being derived from the article upon it in the "U. S. Dispensatory." As authorities for its use, Dr. C. D. F. Phillips and Dr. Lauder Brunton are cited. They, we are told, recommend it in "repeated small doses" to follow the use of aconite in the earliest stages of pleurisy. This is succeeded by the statement that it "seems to have a definite action on serous membranes." A piece of information which, in 1892, reads like a somewhat ancient bit of history. Then the gentlemen who have contributed to the "British Medical Journal" during this year are mentioned as testifying to its great value in pleurisy, in bronchitis, and in pleuro-pneumonia. We are told also that "it would seem that bryonia exerts its beneficial action in the early stages of inflammation of the pericardium and peritoneum as well as of the pleura." Some few years ago, some one, writing in a medical journal, seemed to think that he had made a discovery when he announced its value in rheumatism.

Therapeutics never advances so much as when the search for "discoveries" is made by looking into homœopathic literature. Every one of the conditions named, as though they were recently ascertained spheres of usefulness for bryonia, have been familiar to every homœopathic practitioner since 1816. In that year Hahnemann published his record of the pathogenetic effects of bryonia. Using these by the light of homœopathic principle, it has been prescribed, in the disorders named in "The Hospital," by homœopathic physicians all over the world from that time to this. It was through the knowledge of homœopathy he at one time boasted that he possessed that Dr. C. D. F. Phillips came to mention it in his book. It was, we doubt not, from the same source that Dr. Lauder Brunton was made aware of its value.

If these writers had vouchsafed the knowledge of the source of their inspiration their teaching would have been received with contempt. As they were mean enough to conceal it, it is accepted, and they themselves are regarded as original observers.

If "The Hospital" desires to get similar credit for making "therapeutic discoveries," its editor will find plenty of oppor-

tunities for doing so by studying Hughe's Pharmacodynamics. The ordinary practitioner of general medicine is so stupidly ignorant of homœopathy that there is very little likelihood of its being found out. Moreover, plagiarism from homœopathy is not regarded as being conduct "infamous in a professional respect" by the members of the "British Medical Association," whatever outsiders may think of it.

EXTRA-UTERINE PREGNANCY--SYMPTOMS.

Dr. H. Illoway, in a paper read before the Obstetrical Society of Cincinnati, gave the following resume of the symptomatology of extra-uterine pregnancy :

1. Paroxysmal pain in the hypogastrium, usually of great violence, lasting for a few hours or a day, is the earliest symptoms. Other paroxysms occur after a longer or shorter period. The pains rarely set in earlier than the first month after conception, and sometimes not until the fourth or fifth. They may disappear after the fifth or sixth month, but may recur again about the end of the pregnancy.

2. A fixed grinding pain may be felt in one of the iliac fossæ, running down the thigh. Both varieties of pain are more common and more severe in the tubal than in the ventral forms of extra-uterine pregnancy.

3. Vaginal hæmorrhage, varying in character from dark-colored, coagulated blood to light-colored and watery discharge, is present in the majority of cases. The vaginal discharge may appear at intervals, or it may be continuous; or there may be profuse hæmorrhage with discharge of deciduous membrane.

4. Abdominal enlargement to one side is more common in the tubal varieties than in ventral pregnancies. In the latter the abdomen usually presents a symmetrical enlargement as in ordinary pregnancy.

5. A deviation of the uterus from its normal position, produced a tumor located on either side, in front or behind. It is exceedingly difficult to recognize this tumor as early as the end of the first month of pregnancy.

6. Ballotement. A careful examination will show the tumor to be an elastic and fluctuating mass, and ballotement will reveal the presence of a solid body floating therein.

7. Vacuity of the uterus, the introduced sound finding it empty.—*Medical Bride.*

POINTS IN THE TREATMENT OF CHILDREN'S DISEASES.

1. Always remember to treat the child, and not the disease.

2. In trivial ailments, children are apt to be wayward and wilful, and so the physician must not yield to their mental condition.

3. In severe illness look out for failure of heart, lungs or nervous function.

4. Stimulants must be given with great discretion, and in as small quantities as possible.

5. Jaundice in the new-born is caused by exposure to cold the carefully nursed seldom suffer, unless they are born feeble or premature.

6. Typhoid fever in children may come on so suddenly and seriously that the doctor is usually called in the first twenty-four hours. The child was probably playing about in the morning, languid in the evening and quite ill by morning.

7. The great characteristic of typhoid in children is the profound impression produced on the nervous system. We have nervousness, somnolence, wakefulness, headache and changed disposition. Those who were studious and agreeable before are now the opposite. After recovery, they remain nervous, fidgety, shy, while sometimes the unstudious child becomes the reverse after the disease. This unbalancing of the nervous system, in some cases last a number of years.

8. Sudden, momentary and intermittent flushing of the face, accompanied with fever, is a sign of acute cerebral disease.

9. Coryza in the new-born, which produces an obstruction in the nasal fossæ, is often fatal by reason of the difficulty which it presents to nursing.

Nocturnal Enuresis.

The New York Medical Times gives the following differentiations of medicines most commonly homœopathic to this troublesome and often intractable disorder:

"In young children who are restless at night, talk or moan in their sleep, and are inclined to cerebral congestion, *belladonna*, one drop of the tincture at bedtime, will remove the whole trouble. In many cases a fraction of a drop is sufficient. Children are very tolerant of *belladonna* and there need be no fear in administering it. *Benzoic Acid* will be found an excellent remedy when the urine is very offensive. *Cantharis* in doses of a fraction of a drop will be found useful where the secretion burns on being voided, there is strangury and frequent desire to pass water. *Equisetum hyemale* is one of the newer remedies, and it has been much lauded in this affection. It is useful in cases where there is great irritation, the pain and tenderness not being relieved by micturition. There is constant desire, with scanty flow of high-colored urine. *Sepia* is most often indicated in girls, but when there is excessive deposit of urates, it will be found useful in any case. There is frequent desire with a feeling of distress."

Which Is the Most Certain and Most Rapid Albumen and Sugar Test?

BY DOCTOR BENNO-LAGUER, WIESBADEN.

Notwithstanding the legion of albumen and sugar tests which are being applied in practice and in the laboratory, there are still cases in which the result remains indistinct and doubtful. This is not the place to discuss the several methods critically, this is to be found in any manual of physiology or chemistry. I only wish to call attention to a combined sugar-albumen test which, although known long ago, has not reached general practical application; this test allows to examine in one operation, i. e., the same quantity of urine in the same test-glass without setting it down, with regard to its contents in albumen and sugar, in three to four minutes, with perfect exactitude of the result.

The albumen test (1) is the ordinary one: the clear, i. e., the filtered urine is boiled to ebullition in a test-glass filled to 1-5 of its volume; then 1-10 volume nitric acid is added at once, not in drops, and no more boiling is performed.

The flocculent precipitate eventually produced rest, remaining is albumen.

Should the urine remain clear (IIa), then to the same test-glass is immediately added 1-10 to 2-10 vol. i. e., 10 to 20 drops of Almen's solution, and the urine is boiled for one to two minutes.

In case a deep brown to black coloration takes place, the urine contains sugar.

Should the urine have proved albuminous (IIb), the precipitate is allowed to coagulate in the cold, the urine is filtered and then the same proceeding is followed as in (IIa).

The whole test is, as above stated, easily performed in from two to four minutes of time. Almen's solution (4 grs. Seignette salt are dissolved in one hundred parts alkaline soda solution of 10 per cent. NaHO and digested on the water-bath with 2 grs. bismuth sub-nitre until as much as possible of the bismuth has been dissolved) is to be had in all pharmacies; it is clear and may be preserved in dark bottles without decomposition for years. The test is founded on the property of grycosis to reduce the oxide of bismuth in alkaline liquid and is a modified Bottger test. The modification added by Nylander is immaterial and it is preferable to retain Almen's solution as indicated in his formula. The test shows even a sugar proportion of .05 to .01 per cent. and is consequently sharper and more sensitive while at the same time simpler and quicker, than Trommer's, Heller's and Fehlings tests; at the same time the sources of error, dependent on the presence of uric acid and creatinine in Trommer's test, are eliminated in Almen's test. (Hammarsten.)

It is obvious that a conscientious physician will observe the following two rules:

1. Always to examine a sample taken from the whole quantity of urine collected in 24 hours, (a) because the proportion of sugar depends on ailments ingested, activity, etc.; (b)

because otherwise comparative determinations would be impossible.

2. Never to be satisfied with one single test; on the contrary, to repeat it on some other day and then determine the sugar quantitatively by the polarinetic method or by the fermentation test. (Einhorn's Saccharometer.)—*Deutsche Medizinal-Zeitung.*

MECHANICAL TREATMENT FOR CONSTIPATION.—*The Montreal Medical Journal* reproduces the following from the *Jour. de Med. et de chir.* Dr. Feilchenfeld, of Berlin, believes that by means of a forcible and equal compression of the abdomen considerable improvement may be obtained in cases of constipation, particularly when the intestine is meteorized. The compression first reduces the volume of intestines, and then excites the intestinal muscles to vigorous contraction. Possibly this compression stimulates the nervous plexus in the muscular coats, on this account Feilchenfeld has employed the following method in constipation accompanied by meteorism and relaxation of the walls of the intestines. A cushion is made containing three or four pounds of shot spread evenly between layers of wadding; it is so adapted to the shape of the abdomen that it exercises an equal and vigorous pressure. These cushions are placed on the abdomen morning or evening or even during the whole night, and held in place by tapes. Usually an hour or an hour and a half of this application suffices to bring about a motion of the bowels. During the past year fifteen patients have been treated in this way all of whom are cured. It is enough to employ it for half an hour before rising in order to obtain an excellent result. In some cases of constipation with hemorrhoids, without tympanites, regular action of the bowels was obtained. No doubt the pressure on the abdomen has a beneficial action on the turgid veins of the intestine.—*Jour. de Med. et de Chir.*

The Causes of Bad Breath.

Dr. Kjellman, of Stockholm, Sweden, calls attention to the importance of not neglecting to examine the respiratory tract in treating cases of bad breath, especially in chronic diseases.

The acute affections, accompanied by necrosis of tissue, are not included here. The cause of bad breath generally lies in the respiratory passages, nose, larynx, pharynx, trachea, lungs, or buccal cavity. This is naturally in contradiction to the generally accepted teaching that the chief cause of bad breath is in the stomach. The oesophagus is a tube completely closed, at least in its upper part, and only open when food passes. Chronic stomach diseases, by the consequent changes in the mouth and pharynx, are, of course, to be thought of. The changes in the respiratory tract are due to putrefaction, and in all cases, an examination of this tract is to be recommended.

1. *Scrofulosis in Children with Chronic Catarrh.*—Here an insipid and disgusting smell is observed, which is discovered by the odor of the handkerchief used. The nasal cavity is found filled with a stagnant, purulent, and stinking mucus. The mucous membrane is hypertrophied, and chiefly at its lower part. This may be regarded as the forerunner of ozæna.

2. *Ozæna.*—A strikingly bad breath is a sign of the presence of ozæna, either in the nose, naso-pharynx, pharynx, or trachea. The mucus membrane is generally covered with dried, greenish-yellow, or whitish masses of secretion. It is soft, and dries quickly, and hence cannot be expelled by blowing the nose or coughing. After its removal, atrophy and contraction of the mucus membrane and adjacent parts take place, from which the nasal cavity is apparently enlarged. In ozæna of the nose, the naso-pharynx is also involved. Less frequently the trachea is attacked, or larynx. The secretion from the upper parts of the larynx may be expelled, but those crusts lying beneath the vocal cords persist in their place to give off the characteristic ozæna stink. This is due to the presence of a micrococcus. As soon as the secretion is removed the odor disappears. It is most intense in youthful patients, and less in older ones.

3. *Nasal Syphilis.*—A disgusting odor may be caused by nasal syphilis, especially in old cases with atrophy of the mucous membrane. In cases of ulceration of the bone or cartilage, the secretions stagnate and putrify. The smell is never so severe as in ozæna.

4. *Hereditary Syphilis.*—An especially disagreeable odor of the breath is often seen in the children of syphilitic parents. A diffuse atrophy of the dark gray and moist mucous membrane is observed, which is covered with greenish-yellow crusts. Ulcerations of the cartilage or bone only will appear some years later. The septum is prone to be attacked, by which the diagnosis is confirmed. Only in this case is the ancient term ozæna syphilitica justifiable.

5. *Empyema of the Maxillary Sinus (Antrum of Highmore).*—This gives rise to a disagreeable odor only preceptible in the vicinity of the patient. It is confined to one side; on examination of the nasal cavity the thick, purulent pus is seen to pour out of the under side of the swollen turbinate bone. The odor is like that of the pus of a gum-boil, and is very disagreeable to the patient, who—in contrast with ozæna—has his power of smell intact. Carious bicuspid or molars are found on the corresponding side of the mouth, upper jaw.

6. *Carious Teeth.*—When from the mouth the cause is either carious teeth or the epithelial deposits in the mouth from catarrh of the tongue or mouth.

7. *Chronic Diseases of the Stomach.*—These may be indirectly the cause by being associated with catarrh of tongue or buccal cavity.

8. *Bronchiectasis.*—Stagnating secretions in the lungs, due to bronchiectasis, especially when large, give rise to a terrific odor of the breath on expiration.

Many of these affections are accompanied by other symptoms of pain, etc., which will call attention to the true source of the disturbance, yet in all cases of bad breath, one should not neglect to examine the respiratory tract, and above all the nasal cavity.—*Hygiea*, No. 4, 1892.

Operative Treatment of Pott's Disease.

(Contribution à la chirurgie rachidienne du drainage vertébrale dans le mal de Pott. *Revue de Chirurgie*, April 1892, p. 275.) By Vincent.

Vincent advises the drainage of abscesses and the removal of diseased bone in Pott's disease of the vertebræ. The drainage tube is to be passed in U-form, either entirely in front of the vertebræ, or directly through the bodies in front of the spinal canal. The operation is carried out by a vertical incision on each side of the spinal muscles, joined by two others drawn horizontally outward, converting them into T-incisions. One or more ribs are resected to give access to the front of the spine, and then a blunt, curved probe is passed in front of the vertebræ from one side to the other, and the drain drawn through under its guidance, or a curette is made to bore through the body of the affected vertebræ obliquely forward and inward until it strikes an instrument held under the periosteum on the other side. The latter method is employed where the body of the vertebræ is broken down, and a curved drainage tube is drawn directly through the bone. Two cases are given in which the operations were performed with success.



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W. C. Wile, A. M., M. D., in the New England Medical Monthly, Dec., 1890.

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